



Administrative Manual

CompManagement Workers' Compensation

Chapter 8

HealthLink®



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CompManagement Workers' Compensation

About CompManagement

CompManagement Workers' Compensation PPO is a specialty Preferred Provider Organization network program that offers contracted Workers' Compensation payors access to a network of participating physicians, hospitals, occupational medicine facilities/professionals and other health care professionals who have contracted with HealthLink to provide health care services at negotiated, discounted rates for treatment of work-related illness and injury covered by the employer's Workers' Compensation plan. Claims are administered by the Workers' Compensation payor.

Multi-Payor System

CompManagement is not tied to one payor organization. Rather, *CompManagement* provides network access and administrative services to contracted insurance carriers, self-funded self-administered payor plans and third party administrators who administer benefits on behalf of self-funded employers. These payors have contracted with HealthLink to use the *CompManagement* Workers' Compensation PPO network and services.

Neither HealthLink nor *CompManagement* are insurance carriers or claims administrators in these arrangements. In exchange for access to HealthLink's *CompManagement* networks and certain related administrative services, contracted payors agree to guide plan participants to the *CompManagement* network of participating physicians, facilities and health care professionals for treatment of work-related injuries and illnesses. They also agree to administer claims promptly and to make payments to participating network physicians and facilities in accordance with HealthLink's *CompManagement* negotiated rates.

Reimbursement Model

HealthLink's *CompManagement* negotiated rates with physicians and facilities are based on an agreed discounted PPO fee-for-service arrangement. Participating physicians, hospitals and other health care professionals may not balance bill patients for services funded by Workers' Compensation plans.

Focused Comp Network

CompManagement participating physicians, health care professionals and facilities are experienced in treating work-related injury and illness. Should an illness or injury require services beyond the scope of the initial treating physician's area of expertise, the injured employee should be guided to appropriate specialists for treatment.

The *CompManagement* network includes participating local physical therapy, rehabilitation centers, work-hardening centers, and hospitals for treatment of severe and second/third shift work injuries.

Telephonic Case Management

CompManagement case managers help communicate an injured worker's course of treatment – and his/her timely return to work. *CompManagement's* staff of medical and administrative specialists communicates with the patient, physician or facility and Workers' Compensation plan adjusters during the various stages of recovery, with full documentation of each case.

The process for Telephonic Case Management is as follows:

1. The client contacts *CompManagement* case managers and identifies the professional care needs of the injured worker.
2. *CompManagement's* case manager will advise the attending physician if the patient's care meets the medical necessity criteria for case management.
3. If the case does not meet medical necessity criteria, the case manager refers the information to the Medical Director or Physician Advisor to discuss the case with the prescribing/attending physician.
4. The medical recommendation is communicated to the Workers' Compensation plan adjuster for final determination and benefit authorization.
5. The Workers' Compensation plan adjuster communicates the decision to the *CompManagement* case manager, who reports the decision to the prescribing physician.

Guided Referral Program

The *CompManagement* case manager reviews the patient information to determine if a referral to a specialist is indicated. Referral recommendations are made to the Workers' Compensation plan adjuster to physicians within the *CompManagement* Network.

Please note: authorization is required from the employer or adjuster prior to services rendered. *CompManagement* will be responsible for contacting the adjuster and the treating physician and determination by the adjuster for requested treatment.

Prior Authorization Process and Medical Necessity Recommendations

All prior authorization is conducted for medical necessity utilizing clinical criteria specific to the condition or service under review. Clinical criteria are evaluated at least annually and are subject to approval by the Medical Director and the Advisory Committee. The committee validates current status and appropriateness of criteria.

Any case not meeting medical necessity criteria for the prescribing physician's treatment plan is referred to a HealthLink physician reviewer or the Medical Director for review and appropriate follow-up with the prescribing physician.

Staff Qualifications

HealthLink's *CompManagement* staff includes licensed physicians, registered nurses and administrative personnel. All physician reviewers and case managers undergo a formal orientation and training program.

Eligibility and Verification Disclosure

The physician or clinic will be responsible for identifying the injured employee of a covered employer at the time of the initial visit. *CompManagement* may provide employers with a form to be completed at the time of an injury. The employee should bring the form to the physician or clinic on the initial visit. You may use your own form if it includes the requested information. If you are unsure about eligibility, you can verify the existence and extent of coverage by contacting the employer's Workers' Compensation payor as listed on the Patient Information Card.

Please be prepared to:

- Identify yourself as a physician participating in the *CompManagement* program.
- Provide patient name and the name of the employer.
- Obtain the name and extension number of the person providing you with this information for your records.
- Identify if you have any financial interest in an Institution or Facility in which you are referring.

Remember – Verification of benefits does not guarantee that all services are covered by the Workers' Compensation payor. For example, if the claim investigation shows that the treatment plan, in part or in full, is related to a health condition and not to a work injury or accident, the portion of the treatment that is associated with a pre-existing health condition is not payable under Workers' Compensation. Benefits are subject to patient eligibility at the time of the work-related injury and all other terms and condition the employer's Workers' Compensation plan.

CompManagement Claims Filing Process

Providers may submit claims by mail to HealthLink *CompManagement* for services rendered to patients enrolled in the *CompManagement* program. HealthLink will reprice and forward the claims to the appropriate payor along with copies of all reports, which are provided to the payor, employer and primary care physician. The payor will send claim payment checks and copies of the adjudication report directly to the provider. The adjudication report provides an explanation of the payment and documentation for adjustments or discounts. For optimum processing and payment, please submit claims within 60 days following the date of service to the following address or fax:

To submit paper claims send HealthLink claims to the following address:

Preferred Method:
Workers' Compensation Payor
(As listed on the Patient Information Card)

or

CompManagement
P.O. Box 410980
St. Louis, MO 63141-0980
Fax: (314) 925-6401

The claim filing process is outlined below:

1. Refer to the *CompManagement* listing of employers covered by this program, and ask the patient for the Patient Information Card that was completed at the time of an injury.
2. Contact the insurance payor/adjuster's office listed on the Patient Information Card to verify eligibility and confirm benefit coverage.
3. Complete standard claim forms utilizing current CPT-4/HCPC and Revenue Code Guidelines. Please include the following information:
 - Employer
 - Patient name and social security number
 - Patient diagnosis or symptoms, using ICD-9 CM code and/or written description
 - Date the patient was first seen for the identified diagnosis or condition
 - Date(s) patient received care
 - Description of service(s) using CPT-4 coding and/or HCPCS coding including appropriate modifiers
 - Itemized charges for service(s) rendered (charges should reflect the actual fee for the service described)
 - Tax Identification Number (FEIN) or SSN of the treating physician
 - Name, address and signature of the treating physician
 - Name of referring physician if patient was referred for diagnosis or treatment
 - Details of accident or occupation-related incident if applicable
 - Description and office/operative notes for any "unlisted service"
 - A copy of operative notes for any surgical procedure.
4. *CompManagement* reprices claims based on its contracts using coding policies and procedures based on a software product, McKesson CodeReview.
5. The claim and repricing worksheets are forwarded to the designated payor for claim adjudication and payment.
6. The Workers' Compensation plan's third party administrator or Workers' Compensation carrier will determine benefit eligibility and issue payment.
7. Participating physicians, facilities and other health care professionals may not balance bill patients in excess of the negotiated discounted fee-for-service amount for services covered by the Workers' Compensation benefit plan.

Claim Coordination and 24-Hour Preprocessing

Many of HealthLink's clients choose HealthLink programs for their group health plan and also utilize the *CompManagement Workers' Compensation* network program. One of the advantages is "24-hour pre-processing," which automatically identifies any claims duplicated between HealthLink's group medical and Workers' Compensation pricing systems. This electronic interface reduces the possibility of paying twice for the same episode of medical care by directing the claim to the proper source of funding – i.e., either medical or Workers' Compensation funds. The system helps reduce error and promotes timely resolution of payment disputes.

Procedures for Primary Care Physicians and Occupational Medicine Clinics

Patient Information Cards

CompManagement provides employers accessing the program with Patient Information Cards to be completed at the time of an injury. The employee should bring the card to the physician/clinic on the initial visit.

Physician as Initial Caregiver

On the first notification of an injury, the health care professional or facility will be the initial caregiver. The health care professional will evaluate the injured worker and direct his/her necessary treatment to specialists, hospitals and other health care professionals in the *CompManagement* PPO program.

During each visit, the health care professional completes the *CompManagement* Physical Capability Form. For additional visits or a referral to a specialist, please notify *CompManagement* or the payor prior to making the appointment for the referral. To obtain a HealthLink *CompManagement* Directory you may access our website at www.healthlink.com or contact HealthLink's Customer Service Department.

Treatment Procedures

Please comply with the following treatment procedures:

1. Complete a *CompManagement* Physical Capability Form or your work status form for each injured worker when he/she arrives for initial treatment. If a worker has subsequent appointments, injuries or accidents, you must complete a new form for each new episode. You may use your own form if it includes the requested information.
2. Examine and treat the injured worker.
 - a. If the injured worker is treated and released the same day, you need not provide verbal notification to *CompManagement*. Please submit claims for services, along with a copy of the Physical Capability Form and/or the physician's notes to *CompManagement* or to the Workers' Compensation payor listed on the Patient Information Card.

- b. If the injured worker has follow-up appointments, please notify *CompManagement* or the payor as follows:
 - Mail or fax the Physical Capability Form.
 - Mail or fax copies of the physician's notes, reports, test findings and recommendations.
 - Mail all claims for services.
3. If a referral to a specialist is necessary, please contact *CompManagement* or the payor by phone for medical necessity and the payor's benefit determination prior to making the appointment for the referral. *See Guided Referral Program*
4. After the medical necessity and payor's benefit determination are obtained, you may schedule an appointment with the specialist. Send any necessary records, films and reports to the specialist. Mail or fax a copy of the referral form to the payor as listed on the Patient Information Card.

Procedures for Specialists

The specialist physician may receive a referral from the primary care physician.

1. A representative of *CompManagement* or the payor will contact the specialist physician after the initial appointment for the physician's assessment and treatment recommendations.
2. The specialist physician should contact *CompManagement* or the payor prior to the delivery of additional services, including additional referrals to other specialist physicians. *Please note:* If medical necessity and the payor's benefit determination are required from the employer or adjuster in order for benefits to be available, *CompManagement* will be responsible for contacting the adjuster for authorization and advising the specialist.
3. Periodically, the case manager may request that the specialist physician be available for consultation.
4. The specialist physician should refer patients enrolled in Workers' Compensation plans using the *CompManagement* program to hospitals, physicians and health professionals who participate in *CompManagement* whenever medically appropriate.
5. The specialist physician should mail or fax all reports directly to:

CompManagement
P.O. Box 410980
St. Louis, MO 63141-0980
Fax: (314) 925-6642

6. Claims should include the Social Security Number and birth date of the injured employee.
7. HealthLink will price and forward claims to the Workers' Compensation payor in accordance with the CompManagement Agreement.

Serious/Life-Threatening Injuries

Life-threatening or emergency care cases do not require prior medical necessity determination and the payor's benefit determination from HealthLink *CompManagement* for immediate treatment, admission and/or referral.

For serious injuries, please follow these procedures:

- The employer will notify *CompManagement* that a seriously injured employee was directed to the hospital.
- A *CompManagement* telephonic case manager will contact the hospital on the next business day to provide any information needed to appropriately manage the referral or rehabilitation process from that point to facilitate benefit availability for covered services.
- The physician and/or facility should send all bills, copies of emergency room reports and physician notes to HealthLink *CompManagement*, or to the payor as listed on the Patient Information Card.

CompManagement Appeals Process

The Appeals Process is available for all of the aforementioned CompManagement components. Please refer to the Inquires, Complaints, Grievance, & Appeals Chapter for further information.